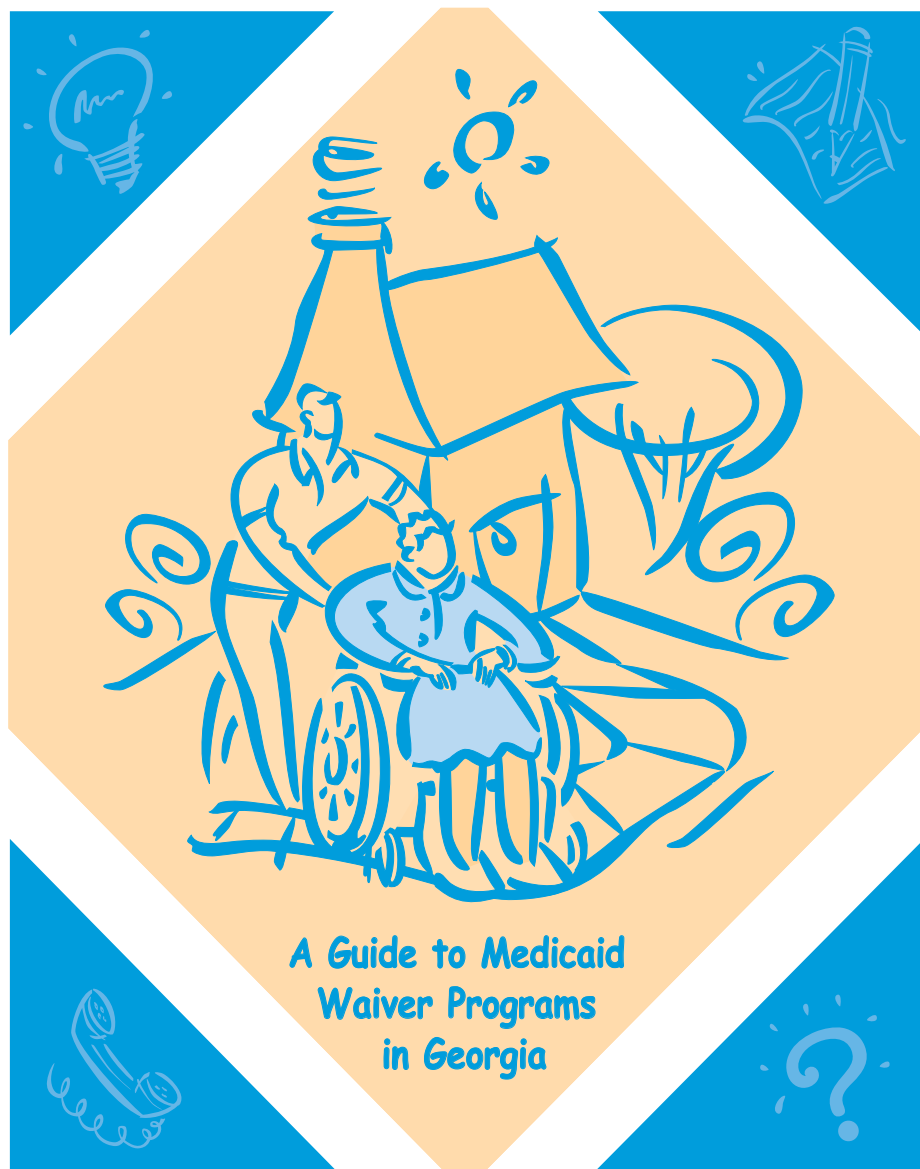


Home and Community Services



A Guide to Medicaid
Waiver Programs
in Georgia



Helpful Telephone Numbers and Web Sites

To find out more about Medicaid eligibility, contact your county DFCS office. Look in the government pages of your telephone book for **Department of Family and Children Services**.

To locate a **county health department**, call 404-657-2700 or look in the government pages.

To locate the **Area Agency on Aging** that serves your community, call **404-657-5258**.

To locate a Social Security Administration office near you, call **1-800-772-1213**.

For questions about your **Medicaid card**, call **770-570-3373** or **866-211-0950**.

To learn more about your nursing home rights and options, contact the **Long Term Care Ombudsman** at **888-454-5826**.

To learn more about **Georgia Medicaid**, stop by your local library and log onto the Internet. The web site address is www.ghp.georgia.gov.





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Home and Community Services

A Guide to Medicaid Waiver Programs in Georgia

If you have been referred for nursing home or other institutional care, but could stay in your home or in the community with special services, and you meet other requirements, you may be eligible for **home and community-based services** through Georgia's Medicaid program.

These services are called **waiver programs**, because the Centers for Medicare and Medicaid Services (CMS) allows states to "waive" certain Medicaid requirements and pay for home and community-based services as an alternative to institutions, such as nursing homes or hospitals for people with mental retardation (ICF-MRs). Essentially, the law provides you a choice.

Under federal regulations, the total cost of providing home and community-based services may not be more than the cost of providing care in a hospital, nursing home or ICF-MR.





Georgia has several home and community-based waivers. Some of the waiver program services are: assistance with daily living activities (bathing, dressing, meals, some household chores), help with arranging medical or support services and relief for caregivers. This booklet describes waiver programs for people who are elderly, physically disabled, have mental retardation or who have a developmental disability, or are medically fragile children. For information about other waiver programs for children, such as the Deeming (Katie Beckett) or Model waivers, call the Georgia Health Partnership at 770-570-3373 (Metro Atlanta) or 866-211-0950 (Statewide).



Although different waiver programs offer different services, they have some things in common. Each program is designed to **help people who qualify for institutional care remain in the community or return to the community from nursing homes, hospitals or ICF-MRs**. Each program also requires that people be eligible for **Medicaid**. To qualify for a waiver program, you can have higher income and resources than permitted in the regular Medicaid program.

What is Medicaid?

Medicaid is a medical assistance program that helps many people who can't afford medical care pay for some or all of their medical bills. If you apply and are approved for Medicaid, you will receive a plastic Medicaid card in the mail. Medicaid will pay participating doctors, pharmacists, hospitals or other providers for your care.



If you or someone in your family needs health care, you should apply for Medicaid even if you are not sure whether you qualify or if you have been turned down in the past.

How to Apply for Medicaid Home and Community-Based (waiver) Services

If you are interested in a waiver program, contact the agency listed. If you qualify, someone will guide you through the next steps of the Medicaid application process. You will be notified within 90 days or less whether you are eligible for waiver services. If you are told that you do not qualify, you can ask for a hearing. If you are eligible for waiver services, you will be advised about when services will begin.





MEDICAID HOME AND COMMUNITY -BASED (waiver) PROGRAMS

Waiver programs help people who are elderly or have disabilities and need help to live in their home or community instead of an institution such as a nursing home or ICF-MR. Each program offers several "core" services:



- service coordination (help with managing care needs and services)
- personal support (assistance with daily living activities, i.e. bathing, dressing, meals and housekeeping)
- home health services (nursing, home health aide, and occupational, physical and speech therapy)
- emergency response systems
- respite care (caregiver relief)

Additional services are available under each program. Following are brief descriptions of the home and community waivers. Sometimes waiver services are added or changed. The agencies that handle the waiver programs can provide more detailed information about covered services.

Sometimes people may meet the criteria to receive Medicaid services under a waiver program, but may not receive services immediately. Funding for the programs is limited, and only a certain number of people can receive services based on available funds. This means there are nearly always people on the waiting lists for the home and community-based waivers.

A person may be selected from the waiting list based on the severity of need, the availability of informal/family support, the length of time on the waiting list and a person's continued eligibility for the level of care provided in a nursing home or ICF-MR.

It is important to **be sure that information about your condition and situation is accurate.** You have the right to correct or update information that may affect your placement on the waiting list.



Community Care Services Program



This program provides home and community-based services to people who are **elderly and/or functionally impaired or have disabilities**. The program helps eligible recipients return to the community from nursing homes or remain in their own homes, the homes of caregivers or in other community settings as long as possible. Individuals served through the Elderly and Disabled Waiver must be eligible for Medicaid and meet these criteria:



- Qualify for the level of care provided by a nursing home;
- Have limitations which make it difficult to perform normal daily living activities and live independently; and
- Have health needs that can be met in the community with services offered by the program and within established individual cost guidelines. The individual cost is estimated based on the projected care plan.

Some additional Elderly and Disabled Waiver services are adult day health care, alternative living services (personal care home) and home delivered meals.

To apply for Community Care Services, contact the Area Agency on Aging serving your area:

Northwest Georgia RDC (Rome).....	800-759-2963
Legacy Link, Inc. (Gainesville)	800-845-5465
Atlanta Regional Commission (Atlanta)	404-463-3244
Southern Crescent RDC (Franklin)	866-854-5652
Northeast GA RDC (Athens).....	800-474-7540
Lower Chattahoochee RDC (Columbus).....	800-249-7468
Middle Georgia RDC (Macon).....	888-548-1456
Central Savannah River RDC (Augusta).....	888-922-4464
Heart of Georgia Altamaha RDC (Baxley).....	888-367-9913
Southwest Georgia Council on Aging (Albany)	800-282-6612
Southeast Georgia RDC (Waycross)	888-732-4464
Coastal Georgia (Brunswick)	800-580-6860

SOURCE



SOURCE (Service Options Using Resources in Community Environment) is a statewide Primary Care Enhanced Case Management Service under the Elderly and Disabled Waiver that links primary medical care with many long-term health services in a person's home or community setting to prevent unnecessary emergency room visits and hospital stays and avoid institutionalization.

SOURCE serves aged, blind and disabled Georgians who are SSI/Medicaid eligible.



An assessment helps to determine how much care a participant needs. An individual care plan is designed based on the need for medical monitoring and assistance with functional tasks. Family members and other informal caregivers as well as staff from support agencies participate in care plans. In addition to the core services, SOURCE offers home delivered meals, adult day health care, personal care home and 24-hour medical access.



To apply for SOURCE, call the number listed below for the program serving your county:

Albany ARC	229-883-2334
Counties: Baker, Calhoun, Clay, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth,	
Atlanta - Atlanta SOURCE Wesley Woods	404-728-6555
or 404-728-4552	
Counties: Dekalb, Fulton	
Columbus Regional Healthcare System	706-660-6156
or Fax 706-660-6348	
Counties: Chattahoochee, Harris, Marion, Muscogee, Talbot	
Diversified Resources Inc.	912-285-3089
or 1-800-283-0041 or Fax 912-285-0367	
Counties: Atkinson, Clinch, Coffee, Pierce, Ware	
Nahunta Office	912-462-8449
or 866-903-7473	
Counties: Brantley, Camden, Charlton, Glynn	
Tifton Office	229- 386-9296
or 800-575-7004 Counties: Ben Hill, Irwin, Tift, Turner, Wilcox	
Valdosta Office	229-253-9995
or 800-706-9674	
Counties: Berrien, Brooks, Cook, Echols	
Faith Health Services	404-728-6555
Counties: Clayton, Cobb, Dekalb, Forsyth, Fulton, Gwinnett, Rockdale	
Source Care Management LLC	478-862-5886
or Fax 478-862-9111 Augusta 478-314-1573 or Fax 706-737-0205	
Counties: Burke, Columbia, Jefferson, Lincoln, McDuffie, Richmond, Taliaferro, Warren, Wilkes	

For more information, please call 404-657-7211.

(SOURCE locations continued)

Athens478-314-1573 or
Fax 706-543-8293

Counties: Banks, Barrow, Clark, Elbert, Franklin, Greene,
Gwinnett, Hall, Hart, Jackson, Madison, Morgan, Newton, Oconee,
Oglethorpe, Rockdale, Stephens, Walton

Butler478-314-1573
or Fax 478-862-4844

Counties: Crisp, Dooley, Harris, Lee, Macon, Marion, Schley,
Talbot, Taylor, Terrell, Upton, Webster, Wilcox

Coffee478-314-1573

Counties: Atkinson, Bacon, Ben Hill, Berrien, Charlton, Clinch, Coffee,
Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner, Ware

Gwinnett478- 314-1573

Counties: Dawson, Forsyth, Gwinnett, Habersham, Hall, Lumpkin,
Newton, Rockdale, White

Macon478-471-0782 or
Fax 478-471-0751

Counties: Baldwin, Bibb, Butts, Crawford, Houston, Jasper, Jones,
Lamar, Monroe, Peach, Pulaski, Putnam, Twiggs, Wilkinson

Newnan478-314-1573 or
Fax 770-304-9521

Counties: Carroll, Clayton, Coweta, DeKalb, Douglas, Fayette, Fulton,
Heard, Henry, Meriweather, Pike, Spalding, Troup

Rome706-378-1270 or
Fax 706-378-1330

Counties: Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Floyd,
Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker

Metter912- 685-7640

Counties: Bulloch, Candler, Evans, Jeff Davis, Jenkins, Montgomery,
Screven, Tattnall, Telfair, Toombs, Treutlen, Wheeler

Columbus888-762-2420

Counties: Chattahoochee, Harris, Muscogee, Quitman, Randolph,
Stewart

(SOURCE locations continued)

Thomasville.....478-621-2070

Counties: Baker, Brooks, Calhoun, Clay, Colquitt, Decatur,
Dougherty, Early, Grady, Miller, Mitchell, Seminole, Thomas, Worth

Legacy Link, Inc.....770-538-2650
or Fax 770-538-2660

Counties: Banks, Clark, Dawson, Franklin, Habersham, Hall,
Hart, Stephens, White

St. Joseph's/Candler Health System.....912-819-1520
or Fax 912-236-4387

Counties: Bryan, Bulloch, Candler, Chatham, Evans,

Baxley Office

Counties: Appling, Bacon, Jeff Davis, Liberty, Long, McIntosh,
Montgomery, Tattnall, Toombs, Wayne

UniHealth Solutions SOURCE-Corporate Office...
770-925-4788

UniHealth Solutions Athens 706-549-3315

Counties: Banks, Barrow, Clark, Elbert, Franklin, Greene,
Habersham, Hart, Jackson, Madison, Oconee, Oglethorpe, Stephens,
Walton,

UniHealth Solutions Atlanta.....770-806-6841

Counties: Butts, Clayton, DeKalb, Forsyth, Fulton, Gwinnett,
Hall, Henry, Newton, Rockdale, Spalding

UniHealth Solutions Augusta.....706-651-1535

Burke, Columbia, Emanuel, Glascock, Hancock, Jefferson,
Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro,
Warren, Washington, Wilkes

UniHealth Solutions Gwinnett.....800-897-5776 or
Fax 770-717-1195

Counties: Fayette, Heard, Meriweather, Spaulding, Troup,

UniHealth Solutions North Georgia Mountain/Blueridge
706-632-9263 or Fax 706-632-0028

Counties: Cherokee, Dawson, Fannin, Gilmer, Lumpkin, Pickens, rabun,
Towns, Union, White

(SOURCE locations continued)

UniHealth Solutions Cobb.....770-916-4502

Counties: Carroll, Cobb, Clayton, Coweta, Douglas, Fayette,
 Heard, Merriweather, Paulding, Troup

UniHealth Solutions Cordele.....229-273-2570

Counties: Ben Hill, Bleckley, Crisp, Dodge, Dooly, Dougherty,
 Irwin, Lee, Macon, Marion, Pulaski, Schley, Randolph, Sumter,
 Telfair, Tift, Turner, Worth, Wheeler, Wilcox

UniHealth Solutions Macon.....478-474-0979

Counties: Baldwin, Bibb, Putnam, Taylor, Twiggs, Upson, Wilkinson

UniHealth Solutions NW Georgia (Rome).....706-236- 4705

Counties: Bartow, Catossa, Chattoga, Dade, Floyd, Gordon,
 Haralson, Murray, Polk, Walker, Whitfield

UniHealth Solutions Valdosta229-241-8750

Counties: Atkinson, Berrien, Brooks, Clinch, Coffee, Colquitt,
 Cook, Echols, Lanier, Lowndes, Pierce, Thomas, Ware

Georgia Case Management706-495-7687
 or Fax 706-548-8648

Columbus Office706-571-2353
 or 1877-687-2312

Counties: Chattahoochee, Harris, Marion, Muscogee

Savannah Office.....912-443-5207
 or Fax 912-443-5208

Counties: Bryant, Chatham, Effingham,

Georgia Corner of Care.....706-737-8830 or
 Fax 706-737-8825

County: Richmond

SOURCE Partners Atlanta.....404-463-3218

Counties: Cherokee, Cobb, Clayton, Dekalb, Douglas, Fayette,
 Fulton, Gwinnett, Rockdale

Independent Care Waiver Program (ICWP)

This program offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home. ICWP services also are available for persons with traumatic brain injuries (TBI).



Independent Care Waiver is for eligible Medicaid recipients who have severe physical disabilities, are between the ages of 21 and 64 when they apply and meet the criteria below:

- Capable of directing their own services (individuals with a traumatic brain injury do not have to meet this criteria);
- Have a severe physical impairment and/or TBI that substantially limits one or more activities of daily living and requires the assistance of another individual;
- Medically stable but currently in a hospital or nursing facility or at risk of placement because community-based support services are not available; and
- Certified for a level of care appropriate for placement in a hospital or nursing facility.





Other factors, including: risk of placement in an institution, length of time on the waiting list, availability of a support system, ability to live independently and an estimated cost of care (based on the projected care plan) also help determine whether eligible applicants can receive waiver services.

In addition to the core services, ICWP covers specialized medical equipment and supplies, counseling and home modification. ICWP does not pay for room and board.

You, your case manager and your family and/or friends work together as a planning team to establish a plan of care. The plan assesses your present circumstances, strengths, needs, goals, services required, a listing of the providers selected and projected budget. Funds must be available to serve you for the plan to be approved by the state Medicaid agency.



To apply for ICWP, contact the Georgia Medical Care Foundation (GMCf) at 1-800-982-0411 or 678-527-0319. You can also contact GMCf at www.gmcf.org. GMCf will ask you questions over the phone, have you submit an application and schedule an in-person assessment. Based on the information provided, you may be eligible for ICWP and approved to receive services as funding becomes available.

New Options Waiver Program (NOW) and Comprehensive Supports Waiver Program (COMP)

The MRWP Waiver has been renamed as the New Options Waiver Program (NOW) and the CHSS Waiver has been renamed as the Comprehensive Supports Waiver Program (COMP).



The New Options Waiver Program and the Comprehensive Support Waiver Program offer home and community-based services for people who have mental retardation or a developmental disability. A diagnosis of developmental disability includes mental retardation or other closely related conditions such as cerebral palsy, epilepsy, autism or neurological problems that require the level of care provided in an intermediate care facility for people who have mental retardation (ICF-MR).



Five regional boards with responsibility for mental health, mental retardation, develop-mental disabilities and addictive diseases (under the supervision of the Georgia Department of Human Resources) determines eligibility for the MRWP/NOW and CHSS/COMP programs and coordinates service delivery with approved Medicaid providers.



In addition to core services, NOW/COMP covers services includes: Adult Therapy Services (Occupational, Physical and Speech Language); Behavioral Supports Consultation Services; Community Access Services; Community Guide; Community Living Support; Community Residential Alternative Services (only applicable in the COMP Waiver); Environmental Accessibility Adaptation; Financial Support Services; Individual Directed Goods and Services (only applicable in the NOW Waiver); Natural Support Training (only applicable in the NOW Waiver); Prevocational Services; Respite Services (only applicable in the NOW Waiver including overnight Respite); Specialized Medical Equipment; Specialized Medical Supplies; Support Coordination; Supported Employment; Transportation Services and Vehicle Adaptation

The revised and expanded services allows for personal choice and control over the delivery of waiver services by affording opportunities for many of the services to be available for participant direction (Consumer/Self-Direct or Co-Employer/Self-Direct). All services are not self-Directed. Members who choose to receive any service under self-direction will no longer be eligible to receive the same service through traditional service delivery in the NOW/COMP Waiver.

To apply for MRWP/NOW or CHSS/COMP Services, contact the Home and Community Services Mental Retardation, Developmental Disabilities and Addictive Diseases Regional Offices:



Region 1 MHDDAD Regional Office (Rome)
706-802-5272

Region 2 MHDDAD Regional Office (Augusta)
706-792-7733

Region 3 MHDDAD Regional Office (Tucker)
770-414-3052

Region 4 MHDDAD Regional Office (Thomasville)
229-225-5099

Region 5 MHDDAD Regional Office (Savannah)
912-303-1670

Georgia Pediatric Program (GAPP)

Medical Day Care



The GAPP medical day care program provides specialized pediatric skilled nursing services to medically fragile members with a current Individualized Family Service Plan (IFSP), age birth to 3 years of age. The skilled care is provided five days per week in a medically licensed day care facility. Members must be medically fragile with multiple systems diagnoses and require continuous skilled nursing care or skilled nursing care in shifts in order to be considered for services in the Georgia Pediatric Program. The Day Care portion of the GAPP Program operates under a Home and Community-Based Waiver [1915(c)] approved by the Center for Medicare and Medicaid Services. Members served by the GAPP Day Care center are required to meet the same level of care as for admission to a hospital or skilled nursing facility and must be Medicaid eligible.



These following services are provided in the daycare center: Skilled Nursing; Physical therapy; Speech therapy; Transportation; Social Service; Child life specialist; and Registered dietitian services. Provision of these services is necessary to achieve therapeutic goals as defined in the child's plan of care. Services must be individualized and comprehensive based on the medical diagnosis, medical condition, the acuity level

of care to be administered and the required number of one-on-one hours the member will need. An overall evaluation of nursing treatment and frequency, therapy services and frequency, equipment needs and skilled nursing care needs are other components considered in determining the level of day care service required.

The children are classified as requiring Level I or Level II services:

Level I - Low Tech Services

- Requires nursing treatments every 4- 6 hours
- Therapy services 1 - 2 times per week
- Minimum equipment needs

Level II - High Tech Services

- Nursing Treatments every 1 - 3 hours
- Therapy services 3 - 5 times per week
- Maximum equipment needs

Applications to the program are completed by the individual Medically fragile daycare center that are enrolled in the GAPP Program. The center has to be approved by the Department of Community Health, Health Improvement and Wellness Unit.

Money Follows the Person Demonstration Program

This demonstration program helps people living in nursing homes and Intermediate Care Facilities-Mental Retardation (ICFs/MR) to transition and resettle into a community setting. If you have lived in a nursing home or ICF/MR for at least six (6) months, you may qualify for the MFP program.

MFP offers demonstration and transition services to qualified Medicaid eligible elders, adults and children with physical disabilities, traumatic brain injury, and developmental disabilities.

MFP uses home and community-based Medicaid waiver services if needed for ongoing care and 'one-time' transition services to help people to move from institutions back into the community. After receiving 365 days of "transition" services, MFP participants will continue receiving services through any or a combination of the following: the Medicaid Waiver Programs, Medicaid State Plan services, state funded programs, and local community support systems beyond the MFP demonstration period.

In addition to HCBS waiver services MFP participants may qualify for the following 'one-time' transition services to assist them:

- Peer Community Supports
- Household Furnishings
- Household Goods and Supplies
- Moving Expenses
- Utility Deposits
- Rent Deposits
- Roommate Match
- Transportation
- Skilled Out-of-Home Respite
- Caregivers Training
- Ombudsman
- Equipment and Supplies
- Vehicle Adaptations
- Environmental Accessibility



MFP participants will typically enter a waiver program immediately upon discharge from the institution. Waiver services will continue to transitioned individuals beyond the MFP demonstration period. Transitioned individuals enter an appropriate waiver program and receive waiver services as long as they meet the institutional level of care criteria for services offered.

If you want more information about Money Follows the Person, you can contact the Department of Community Health MFP project at 404-651-6889. You may also contact the Department of Human Resources Division of Aging Services at 1-866-55-AGING (24464), or the Office of the Long Term Care Ombudsman at 1-888-454-5826.



What Other Services Does Medicaid Cover?

It's always a good idea to ask your doctor or pharmacist whether Medicaid covers the specific service or item you need. There are some limits to these services, and some may require you or your doctor to get permission first. (This is called prior approval.)

Following are basic Medicaid services. Additional services are offered by each of the waiver programs. Your caseworker can provide more information about other available services.



In general, Medicaid covers these services:

- Doctors' and nurses' office visits (when you visit a doctor or nurse for check-ups, lab tests, exams or treatment)
- Prescription drugs
- Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)
- Outpatient hospital services (services you receive in a hospital, even though you do not stay in the hospital overnight)
- Nursing facilities (nursing homes)
- Emergency ambulance services
- Emergency dental care for adults; comprehensive dental care for individuals under age 21



- Non-emergency transportation (to get to and from medical appointments if you don't have any other means of transportation)
- Medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)
- Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides)
- Hospice care services provided by a Medicaid hospice provider



Some other services covered by Medicaid include:

- Case management
- Diagnostic, screening and preventive services
- Laboratory services
- Medicare cost sharing
- Mental health clinic services
- Orthotics and prosthetics (artificial limbs and replacement devices)
- Podiatry services
- Therapy services (physical, occupational and speech)
- County Public Health Departments
- Dialysis and services for end-stage renal (kidney) disease





What's Not Covered?

Some services are not covered by Medicaid. These include: private duty nursing, services given by a relative or member of your household, cosmetic surgery, disposables (such as adult diapers or bandages), experimental items and chiropractic services among others. If you're not sure what Medicaid covers, ask your provider or call the Georgia Health Partnership at 770-570-3373 (Metro Atlanta) or 866-211-0950 (Statewide).



Your Rights and Responsibilities

Once you are eligible for Medicaid, you are guaranteed certain rights, but with rights come responsibilities.

Your Rights

- You have the right to timely and adequate notice. You must receive notice in writing before Medicaid takes any action to end your Medicaid eligibility or change the services you receive.

- You have the right to a fair hearing if you disagree with a decision regarding your Medicaid eligibility or if you feel that Medicaid has not served your medical needs properly. To request a hearing, contact your county Department of Family and Children Services (DFCS) office within 10 days after you have received a notice about eligibility or services.
- You have a right not to be discriminated against because of political beliefs, religion, disability, race, color, sex, national origin or age. If you are applying for someone else, these rights and responsibilities apply to that person. To report eligibility or provider discrimination, call 1-800-533-0686.



Your Responsibilities

- You are responsible for providing true and complete information about your circumstances, including your income, the size of your family, your current address, and other information that helps Medicaid decide whether or not you continue to be eligible for Medicaid services.
- You are responsible for reporting changes in your circumstances. If your income, resources, living arrangements, family size, or other circumstances change, they could affect your eligibility.



It is your responsibility to let your caseworker or the Social Security Administration (SSA) know about these changes within 10 days of the change.



- If you receive payments from any other type of insurance or health-related benefit, you must inform your caseworker of these payments within 10 days. These payments may come from private health, dental or vision insurance; Medicare; CHAMPUS; or any payment for an accident or injury. Be sure to report any of these sources of insurance to your caseworker when you apply for Medicaid. You must also report any money you have received or may receive in the future from an injury or accident caused by another person or liable party.



Booklet Order Form Home and Community Services

A Guide to Medicaid Waiver Programs in Georgia

Date: _____

Name of Facility/Individual:

Address: (Street Address Only—No P.O. Boxes)

Total Number of Booklets Requested: _____

Phone Number: _____

Fax Number: _____

RE: If you are a Nursing/ICF-MR facility, refer to section 802 of the Nursing Facility Services manual for ordering.

Fax to/Mail to:

Company: DCH/Long Term Care Unit

Fax Number: 404-656-8366

Mail to Attention: _____



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

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The Georgia Department of Community Health
404-656-6862
ofreeman@dch.ga.gov